

<i>SERFF Tracking Number:</i>	<i>AMFA-127714209</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>50024</i>
<i>Company Tracking Number:</i>	<i>ALIC - AR-COMPLAINT REV. 10-11</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>ALIC - AR-Complaint Rev. 10-11</i>		
<i>Project Name/Number:</i>	<i>AR-Complaint Rev. 10-11/AR-Complaint Rev. 10-11</i>		

Filing at a Glance

Company: Ameritas Life Insurance Corp.

Product Name: ALIC - AR-Complaint Rev. 10-11 SERFF Tr Num: AMFA-127714209 State: Arkansas

11

TOI: H10G Group Health - Dental	SERFF Status: Closed-Approved-Closed	State Tr Num: 50024
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Sub-TOI: H10G.000 Health - Dental	Co Tr Num: ALIC - AR-COMPLAINT REV. 10-11	State Status: Approved-Closed
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Filing Type: Form	Reviewer(s): Rosalind Minor
Authors: Janis Landon, Stephanie Mundt, Mary Chmelka	Disposition Date: 10/17/2011
Date Submitted: 10/13/2011	Disposition Status: Approved-Closed

Implementation Date Requested: On Approval	Implementation Date:
State Filing Description:	

General Information

Project Name: AR-Complaint Rev. 10-11	Status of Filing in Domicile: Not Filed
Project Number: AR-Complaint Rev. 10-11	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Group Market Type: Employer, Association, Blanket, Trust	Overall Rate Impact:
Filing Status Changed: 10/17/2011	
State Status Changed: 10/17/2011	Deemer Date:
Created By: Mary Chmelka	Submitted By: Mary Chmelka
Corresponding Filing Tracking Number:	
Filing Description:	
Form: AR-Complaint Rev. 10-11	

Enclosed for your review and approval is the above referenced insert page, which will be used for new group policies/certificates issued or renewed after the Department's approval date. This form will be used with policy 9000 Rev. 03-08 and certificate 9021 Rev. 03-08, previously approved by your Department under SERFF# AMFA-125485830. This insert page will replace AR-Complaint Ed. 01-05, previously approved by your Department under

SERFF Tracking Number: AMFA-127714209 State: Arkansas
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 50024
Company Tracking Number: ALIC - AR-COMPLAINT REV. 10-11
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Product Name: ALIC - AR-Complaint Rev. 10-11
Project Name/Number: AR-Complaint Rev. 10-11/AR-Complaint Rev. 10-11
SERFF# SERT-65HRLM571/00.

Nothing in this filing includes any provisions contrary to standard industry practice.

Thank you for your review of this filing. If you need anything additional, please feel free to contact me at 800-745-1112, ext. 82444, FAX 402-309-2573 or email jlandon@ameritas.com.

Sincerely,
Janis Landon
Senior Contract Analyst

Company and Contact

Filing Contact Information

Janis Landon, Senior Contract Analyst
475 Fallbrook Blvd.
Lincoln, NE 68521
jlandon@ameritas.com
800-745-1112 [Phone] 82444 [Ext]
402-309-2573 [FAX]

Filing Company Information

Ameritas Life Insurance Corp.
5900 O Street
P O Box 81889
Lincoln, NE 68501-1889
(800) 756-1112 ext. [Phone]
CoCode: 61301
Group Code: 943
Group Name:
FEIN Number: 47-0098400
State of Domicile: Nebraska
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 1 form x \$50 = \$50
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ameritas Life Insurance Corp.	\$50.00	10/13/2011	52776960

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/17/2011	10/17/2011

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Disposition

Disposition Date: 10/17/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Redline	Approved-Closed	Yes
Form	IMPORTANT INFORMATION TO POLICYHOLDERS	Approved-Closed	Yes

SERFF Tracking Number: AMFA-127714209 State: Arkansas

Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 50024

Company Tracking Number: ALIC - AR-COMPLAINT REV. 10-11

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: ALIC - AR-Complaint Rev. 10-11

Project Name/Number: AR-Complaint Rev. 10-11/AR-Complaint Rev. 10-11

Form Schedule

Lead Form Number: AR-Complaint Rev. 10-11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/17/2011	AR-Complaint Rev. 10-11	Policy/Contract/Amendment, Insert Page, Endorsement or Rider	IMPORTANT INFORMATION TO POLICYHOLDERS	Revised	Replaced Form #: AR-Complaint Ed. 01-05 Previous Filing #: SERT-65HRLM571/00	50.000	AR-complaint-alic-10-11.pdf

IMPORTANT INFORMATION TO POLICYHOLDERS

This notice provides information regarding your right to request information about your coverage with us.

You Have the Right to Request

- Information about your plan provisions, benefits, and exclusions by category of service and provider;
- A description of how you can get a estimate of your benefits prior to receiving treatment
- The name, number, type, specialty, and geographic location of participating providers; and
- Criteria we use to evaluate providers for network participation.

In the event you need to contact someone about this policy for any reason, please contact your agent. If you have additional questions, you may contact the insurance company issuing this policy at the following address and telephone number:

Ameritas Life Insurance Corp.
P.O. Box 81889
Lincoln, NE 68501-1889
1-800-366-5933

Name of Agent: _____

Address: _____

Telephone Number: _____

If you have been unable to contact or obtain satisfaction from the company or the agent, or we fail to provide you with reasonable and adequate service, you may contact the Arkansas Insurance Department at:

Consumer Services Division
Arkansas Insurance Department
1200 W. Third Street
Little Rock, AR 72201-1904
1-800-852-5494

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Department of Insurance, have your policy number available.

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Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	10/17/2011
Comments:		
Attachment:		
AR - readability-alic.pdf		

	Item Status:	Status
		Date:
Bypassed - Item: Application	Approved-Closed	10/17/2011
Bypass Reason: n/a		
Comments:		

	Item Status:	Status
		Date:
Satisfied - Item: Redline	Approved-Closed	10/17/2011
Comments:		
Attachment:		
AR-complaint-alic-10-11-rl.pdf		


STATE OF ARKANSAS
CERTIFICATE OF READABILITY

INSURER: Ameritas Life Insurance Corp.

This is to certify that the attached form(s) has achieved a Flesch Reading Ease Score of:

<u>FORM NO:</u>	<u>FLESCH SCORE:</u>	<u>FORM NAME:</u>
AR-Complaint Rev. 10-11	50, with policy/certificate	IMPORTANT INFORMATION TO POLICYHOLDERS
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complies with the requirements of Ark. Stat. Ann. Sections 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

SIGNATURE:	Gail M. Garcia	 Digitally signed by Gail M. Garcia DN: cn=Gail M. Garcia, o=Ameritas Life Insurance Corp., ou=Group Compliance, email=ggarcia@ameritas. com, c=US Date: 2009.05.12 13:04:06 -05'00'
TYPED NAME:	Gail M. Garcia	
TITLE:	Vice President - Group Compliance	
DATE:	10/13/11	

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Deleted: 08/08